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Letter

5-14-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/574,472
Applicant(s) : CLARK, Alan D.
Filed : 05/19/2000
TC/A.U. : To Be Assigned
Examiner : To Be Assigned
Title : Dynamic Quality of Service Monitor

Confirmation No.

Docket No. : 041253.007
Customer No. : 25461

REQUEST FOR CORRECTION OF CUSTOMER NUMBER
AND REQUEST FOR COPY OF OFFICE ACTION

Via Facsimile (703-872-9306)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

It is noted that on October 17, 2000, the Applicant in the subject application filed a Power of Attorney, appointing the practitioners at Customer No. 25461 as agents to prosecute the application and changing the correspondence address to Customer No. 25461. Enclosed is a copy of the Power of Attorney signed by the Inventor/Applicant, the Transmittal Form, and the return receipt postcard, bearing the date stamp of October 23, 2000, of the United States Patent and Trademark Office (PTO). Pursuant to a telephone call to the Inventors' Assistance Center to ascertain the status of the application, the undersigned attorney was informed that the practitioners at Customer No. 24561 are listed as agents. It is clear that the PTO made a typographical error in entering the customer number; therefore, Applicant requests that the PTO correct the customer number.

It is also noted that an Office Action was issued on June 4, 2003, according to the Inventors' Assistance Center. Because the PTO appointed the wrong customer number, the undersigned attorney did not received said Office Action. Therefore, Applicant requests that the Office Action issued on June 4, 2003, be mailed to the undersigned attorney at Customer No. 25461 and that the mailing date for the period of reply be re-started.

LIT/855904.1

PATENT

Respectfully submitted,

Dale Lischer

By: Dale Lischer, Reg. No. 28,438

Dated: March 26, 2004
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LIT/855904.1

The U.S. Patent & Trademark Office official Mailroom stamp affixed hereto,
acknowledges receipt of the items listed below:

Application No: 09/574,472

Application Date: May 18, 2000

Applicant: Alan D. Clark

For: Dynamic Quality of Service Monitor

Papers Submitted Transmittal Form, Power of Attorney or Authorization of

Agent Not Accompanying Application and Return Receipt Postcard

Docket No.: 041253.007

Atty/Sec'y: DL/mma

Date Mailed October 17, 2000



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TELECOPY COVER SHEET

DATE: March 26, 2004

Send To:	At (Firm/Company):	Telecopy:	Phone:
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From: Dale Lischer, Esq. (931) Telecopy: (404) 685-7041 Phone: (404) 815-3741 Client/Matter: 041253.007 Number of Pages: 7

OPERATOR: _____ TIME COMPLETED: _____
PLEASE CALL (404) 815-3500 IF YOU HAVE ANY PROBLEMS

MESSAGE:

Re: U.S. Patent Application No. 09/574,472
Filing Date: 05/19/2000
Inventors: Alan D. CLARK
Title: Dynamic Quality of Service Monitor
Atty. Dkt. No.: 041253.007

Please see attached.

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PTO/SB/21 (06-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/574,472
		Filing Date	05/19/2000
		First Named Inventor	CLARK, Alan D.
		Art Unit	To Be Assigned
		Examiner Name	To Be Assigned
Total Number of Pages in This Submission	6	Attorney Docket Number	041253.007

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Correction of Customer Number Copy of Power of Attorney filed October 23, 2000
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Dale Lischer, Reg. No. 28,438
Signature	<i>Dale Lischer</i>
Date	March 26, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Lucy Kimsey	Date	March 26, 2004
Signature	<i>Lucy Kimsey</i>		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.